Early Start Referral
To Determine Appropriate Services For Infants and Toddlers who are Deaf or Hard of Hearing
California Department of Education Deaf and Hard of Hearing Unit
PLEASE TYPE OR PRINT CLEARLY

Child’s Name: ____________________________

Gender: M        F

Birthdate: ____________________________

Birth Hospital: ____________________________

Primary Language of the Home: ____________________________

Child’s Physical Address: ____________________________

Parent (Guardian) Name ____________________________

Parent’s Contact ____________________________

Parent (Guardian) Name ____________________________

Parent’s Contact ____________________________

Alternate Contact ____________________________
(REQUIRED)

Parent’s Address (If different from child’s) ____________________________

Hearing Level

<table>
<thead>
<tr>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Normal</td>
<td>☐ Normal</td>
</tr>
<tr>
<td>☐ Slight</td>
<td>☐ Slight</td>
</tr>
<tr>
<td>☐ Mild</td>
<td>☐ Mild</td>
</tr>
<tr>
<td>☐ Moderate</td>
<td>☐ Moderate</td>
</tr>
<tr>
<td>☐ Moderately-Severe</td>
<td>☐ Moderately-Severe</td>
</tr>
<tr>
<td>☐ Severe</td>
<td>☐ Severe</td>
</tr>
<tr>
<td>☐ Profound</td>
<td>☐ Profound</td>
</tr>
</tbody>
</table>

Type of Hearing Loss

| Sensorineural | Sensorineural |
| Conductive | Conductive |
| Mixed | Mixed |
| Auditory Neuropathy | Auditory Neuropathy |

Conductive Loss is: Permanent Prolonged (3 months or more) (Circle one)
Infant has Atresia: Y N Bilateral Unilateral: Right Left (Circle one)

Date Hearing Status Identified

Other diagnoses related to hearing status:

Was child in NICU? Y N

Is child in foster care? Y N

Examining Audiologist: ____________________________

Examining Audiologist E-mail: ____________________________

Referring Agency Name: ____________________________

Referring Agency Phone: ____________________________

Are parents aware of the child's hearing loss? Y N

Are parents aware of the referral to Early Start? Y N

Did parents decline referral to Parent Links Y N

Fax to (916) 445-4550, Attn. Nancy Grosz Sager at California Department of Education, or call (916) 327-3868 to leave referral information.

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